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APPLICATION NUMBER	PATENT NUMBER	GROUP ART UNIT	FILE WRAPPER LOCATION
09/810,999		1644	06B0

**Change of Address/Power of Attorney**

**The following fields have been set to Customer Number 36339 on**

- Correspondence Address
- Power of Attorney

**The address of record for Customer Number 36339 is:**

NATIONAL INSTITUTE OF HEALTH  
C/O NEEDLE & ROSENBERG, P.C.  
SUITE 1000  
999 PEACHTREE STREET  
ATLANTA, GA 30303

**The Practitioners of record for Customer Number 36339 are:**

**PTO INSTRUCTIONS:**

**Please take the following action when the correspondence address has been changed to a customer number:**

- 1) Add 'ADDRESS CHANGE TO CUSTOMER NUMBER' on the next available content line of the File Jacket.**
- 2) Put a line through the old address on the File Jacket and enter the Customer Number as the new address.**
- 3) File this Notice in the File Jacket.**

**Please take the following action when the correspondence address has NOT been changed:**

- 1) File this Notice in the File Jacket**